Severn School of Primary Care: Annual Supervisor Self-reporting Form v6.3 2.3.14

Supervisor Name: Practice: Date:

Other supervisors in the practice:

Current trainees supervised (and any others with results not included on last year’s form):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | F2/GPST1/2/3/retainer | CSA result | AKT result | MRCGP result |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Changes in practice in past year** (eg. Physical, Demographic, Doctors, Staff):

**Change in your workload** (e.g. external commitments, time in practice etc):

**Supervisor CPD**

|  |  |  |
| --- | --- | --- |
| Training learning objectives since last report (refer to MASL/PDP as appropriate) | Achievements over the last year | Date |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **The below should be done at least 3 yearly (or when relevant for clinical supervisors)** | **Date** | **Comments/Reflections** |
| Last experienced supervisors’ course: |  |  |
| Last peer review of teaching |  |  |
| Last peer review of CBD skills |  |  |
| Last peer review of COT skills |  |  |
| Last visit to another training practice |  |  |
| Last Equality and Diversity Training |  |  |

Quality of last ESR as reported by ARCP panel (not needed for clinical supervisors):

Do you undertake OOH sessions and provide clinical supervision for trainees there? Yes/No

Do any other GPs in the practice undertake OOH sessions and provide clinical supervision for trainees? Yes/No

If yes - which OOH provider organisation(s) do you/the other GP(s) work for:

Dates of attendance at trainer group workshops in the past year and reflections, if appropriate:

Any other comments (eg. good ideas you wish to share, problems you have had):

I confirm that I continue to conform to the Severn School Of Primary Care training criteria (please review the criteria at: <http://www.primarycare.severndeanery.nhs.uk/training/faculty/application-forms-for-educational-and-clinical-supervisors-and-practices-wishing-to-host-supervised-doctors/> before signing)

Signed:

This form should be typewritten and emailed to your local GPST administrator.

Completion and return of this form is required to authorise payment of your Supervisor’s CPD allowance.

This form should be returned by all approved GP Educational Supervisors including those who are currently not supervising a trainee.